

**Sparta Community Unit School District #140
EXPENSE REPORT TRIP FORM ----- PROFESSIONAL IMPROVEMENT PROGRAM**

Conference/Workshop: _____ Name: _____

Purpose of trip: _____

Attach itemized receipts for airline, car rental, motel and other hereto. A non-detailed credit card receipt is NOT sufficient for reimbursement.

This explanation report is not complete unless an approved copy of the EXPENSE ACCOUNT AUTHORIZATION is attached hereto. Mileage is reimbursed according to the current IRS rate as per stated in contract. LIST ONLY THE EXPENSES THAT NEED TO BE REIMBURSED TO YOU.

Date					TOTALS:
From:					
To:					
Taxi/Bus					
Auto Expenses Mileage					
Parking					
Food (\$32/day)					
Lodging					
Other Expenses detail listings:					
Total Reimbursement Due *****					

Details: Fares, Auto Taxi, Other: (Must have receipts.) Meal reimbursement must be for overnight travel only and must be pre-approved.

Remarks:

Employee Signature _____ Date _____

Building Principal Signature _____ Date _____

Payment Approved-Superintendent _____ Date _____

Please complete form in black or blue ink.